KENTUCKY COUNCIL ON POSTSECONDARY EDUCATION

KENTUCKY ADULT EDUCATION
LEARNING FOR LIFE

Providing GED Testing Accommodations

Kentucky Examiner's Conference

November 10, 2009

Kentucky
UNBRIDLED SPIRIT™

Role of the Examiner

- Informs about availability of accommodations
- Knows accommodations available
- Provides the forms
- Understands request process
- Checks forms for completeness
- Submits requests to state GED office

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Role of Examiner Continued

- Informs about status of requests
- Maintains confidential files
- Schedules accommodated test sessions
- Provides the testing accommodations

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Availability of Accommodations

- Must be handicapped accessible
- All printed materials must indicate accommodations available
- Must provide accommodations approved by state GED office
- May not charge additional fee

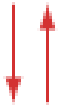
Overview of the Request Process

GED Candidate (and Advocate)
- Identify Disability(s)
- Provide documentation from licensed diagnostician

GED Examiner
- Inform about Availability of Accommodations
- Provide forms to Candidates and Advocates

- Submit requests to state office
- Provide Testing Accommodations

State Administrator
- Approve Requests or send to GEDTS for review



GED Testing Service
- Clinical Review of Requests
- Conduct Appeal Process

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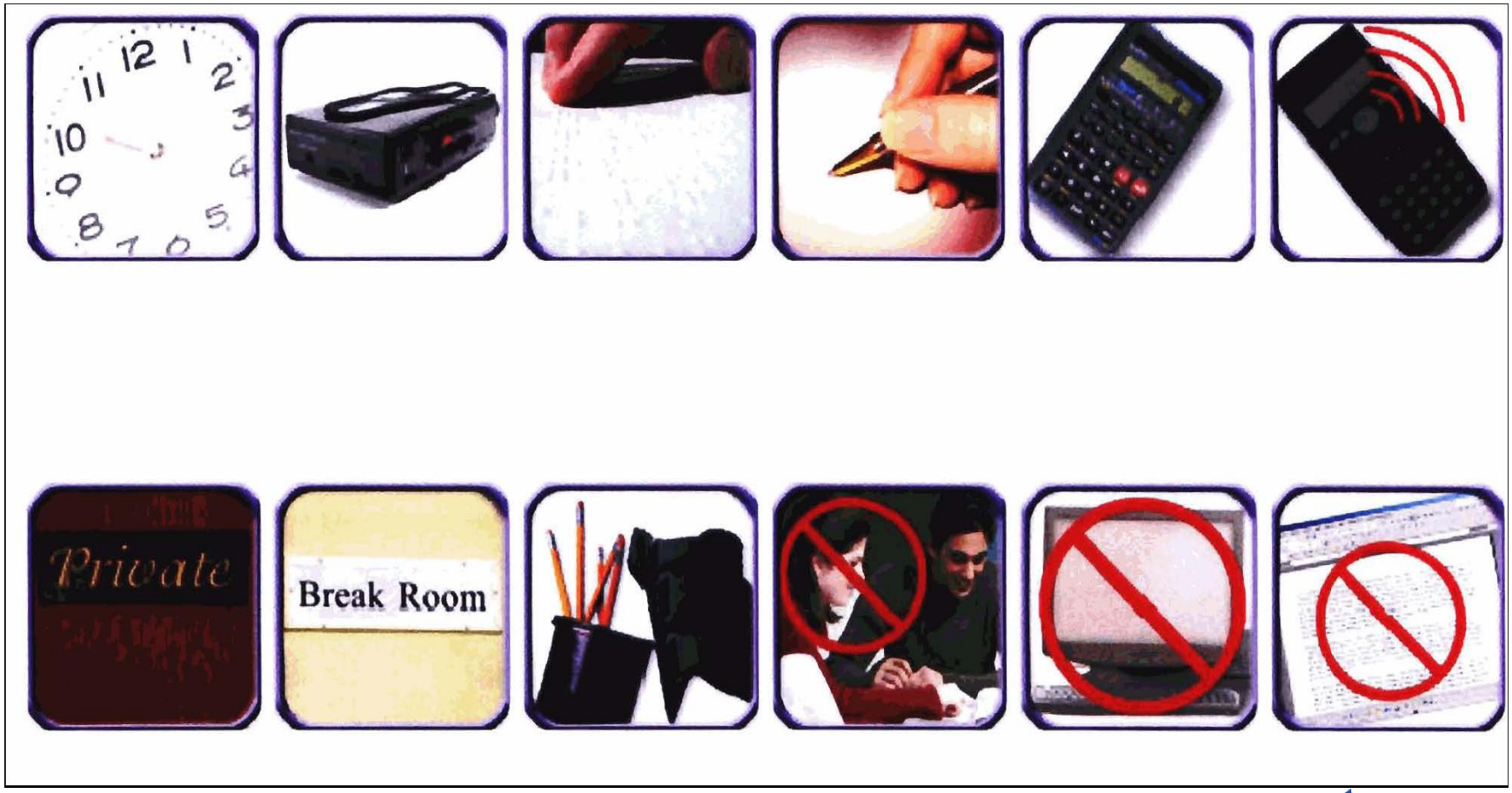
Accommodations Available



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Accommodations and Adaptations

- **Accommodations Require Approval**
  - Extended time
  - Audiocassette
  - Calculator for Part 2
  - Private Room
  - Supervised Breaks
  - Braille
  - Scribe
- **Adaptations DO NOT Require Approval**
  - Filters/Overlays
  - Ear plugs
  - Squeeze ball
  - Typo scope
  - Visor
  - Magnifier
  - Large print test

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Testing Accommodation Forms

- Checklist used for candidates and examiners
- Emotional/Mental Health
- Physical/Chronic Health
- Attention-Deficit/Hyperactivity Disorder
- Learning and Other Cognitive Disabilities

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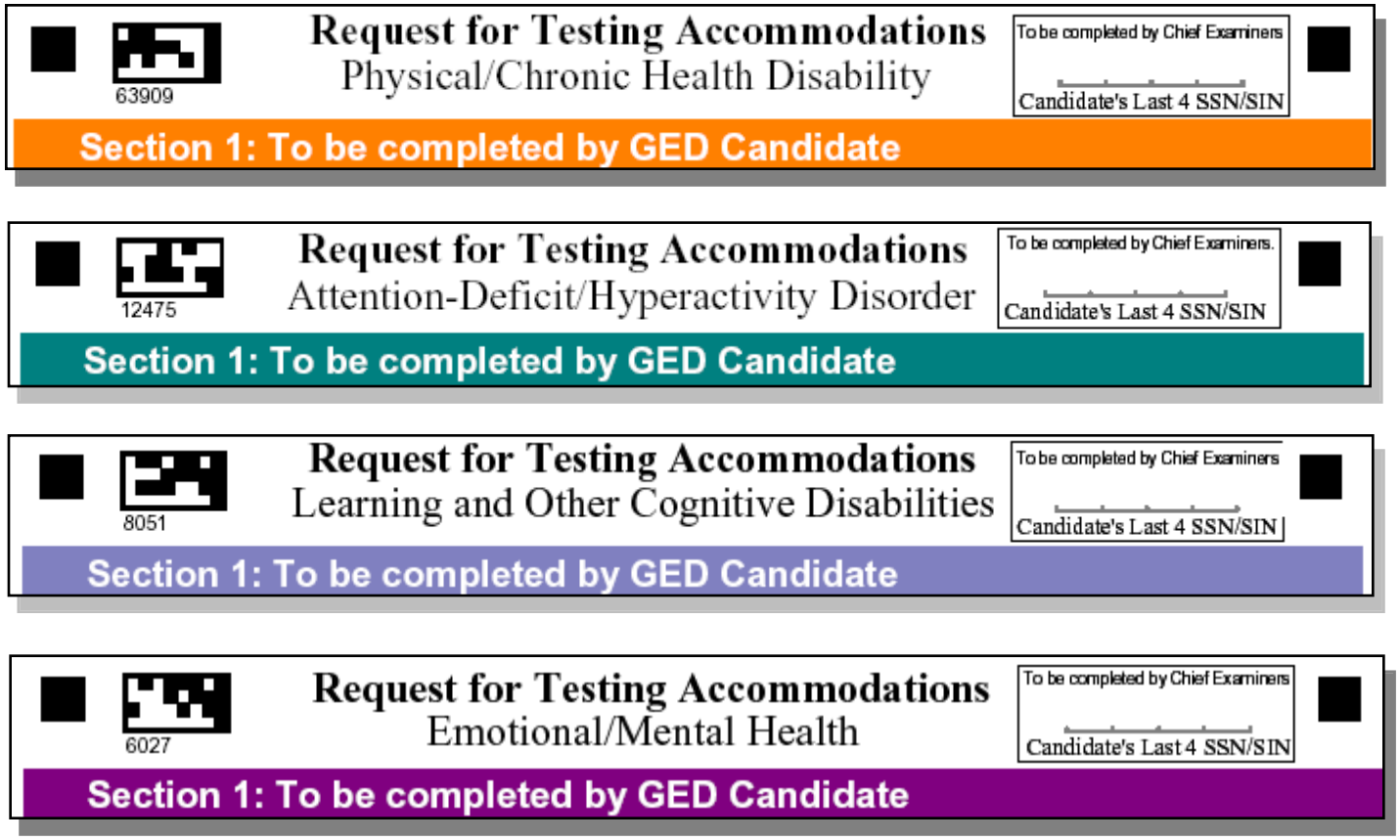
Request for Testing Accommodations Forms



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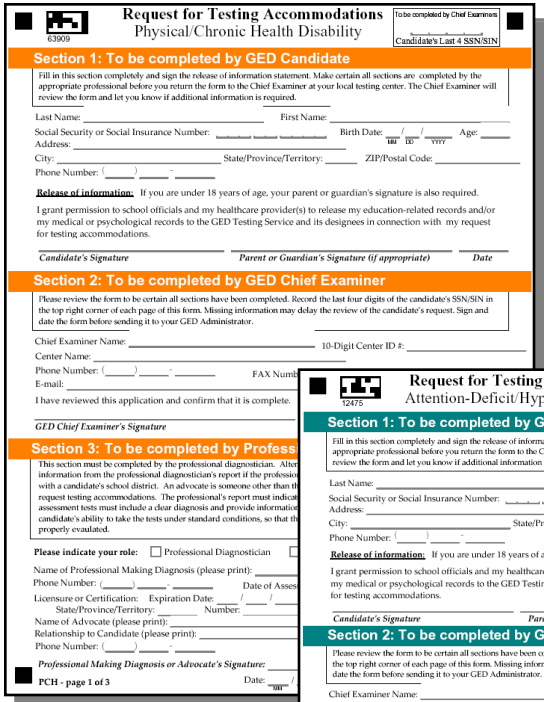
Forms



Request for Testing Accommodations
Physical/Chronic Health Disability

63909

To be completed by Chief Examiners
Candidate's Last 4 SSN/SIN

Section 1: To be completed by GED Candidate

Fill in this section completely and sign the release of information statement. Make certain all sections are completed by the appropriate professional before you return the form to the Chief Examiner at your local testing center. The Chief Examiner will review the form and let you know if additional information is required.

Last Name: First Name:
Social Security or Social Insurance Number: Birth Date: / / Age:
Address:
City: State/Province/Territory: ZIP/Postal Code:
Phone Number: ( ) -

Release of information: If you are under 18 years of age, your parent or guardian's signature is also required.

I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to the GED Testing Service and its designees in connection with my request for testing accommodations.

Candidate's Signature *Parent or Guardian's Signature (if appropriate)* *Date*

Section 2: To be completed by GED Chief Examiner

Please review the form to be certain all sections have been completed. Record the last four digits of the candidate's SSN/SIN in the top right corner of each page of this form. Missing information may delay the review of the candidate's request. Sign and date the form before sending it to your GED Administrator.

Chief Examiner Name: 10-Digit Center ID #:
Center Name:
Phone Number: ( ) - FAX Numb
E-mail:

I have reviewed this application and confirm that it is complete.

GED Chief Examiner's Signature

Section 3: To be completed by Profess

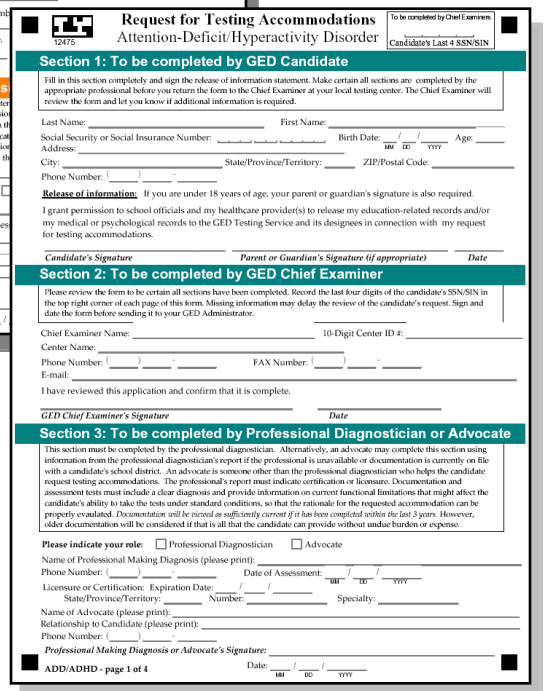
This section must be completed by the professional diagnostician. Alter
information from the professional diagnostician's report if the professio
with a candidate's school district. An advocate is someone other than th
request testing accommodations. The professional's report must indicat
assessment tests must include a clear diagnosis and provide informatio
candidate's ability to take the tests under standard conditions, so that th
properly evaualated.

Please indicate your role: Professional Diagnostician

Name of Professional Making Diagnosis (please print):
Phone Number: ( ) - Date of Asses
Licensure or Certification: Expiration Date: / /
State/Province/Territory: Number:
Name of Advocate (please print):
Relationship to Candidate (please print):
Phone Number: ( ) -

Professional Making Diagnosis or Advocate's Signature:

PCH - page 1 of 3 Date: /



Request for Testing Accommodations
Attention-Deficit/Hyperactivity Disorder

12475

To be completed by Chief Examiners
Candidate's Last 4 SSN/SIN

Section 1: To be completed by GED Candidate

Fill in this section completely and sign the release of information statement. Make certain all sections are completed by the appropriate professional before you return the form to the Chief Examiner at your local testing center. The Chief Examiner will review the form and let you know if additional information is required.

Last Name: First Name:
Social Security or Social Insurance Number: Birth Date: / / Age:
Address:
City: State/Province/Territory: ZIP/Postal Code:
Phone Number: ( ) -

Release of information: If you are under 18 years of age, your parent or guardian's signature is also required.

I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to the GED Testing Service and its designees in connection with my request for testing accommodations.

Candidate's Signature *Parent or Guardian's Signature (if appropriate)* *Date*

Section 2: To be completed by GED Chief Examiner

Please review the form to be certain all sections have been completed. Record the last four digits of the candidate's SSN/SIN in the top right corner of each page of this form. Missing information may delay the review of the candidate's request. Sign and date the form before sending it to your GED Administrator.

Chief Examiner Name: 10-Digit Center ID #:
Center Name:
Phone Number: ( ) - FAX Number: ( ) -
E-mail:

I have reviewed this application and confirm that it is complete.

GED Chief Examiner's Signature *Date*

Section 3: To be completed by Professional Diagnostician or Advocate

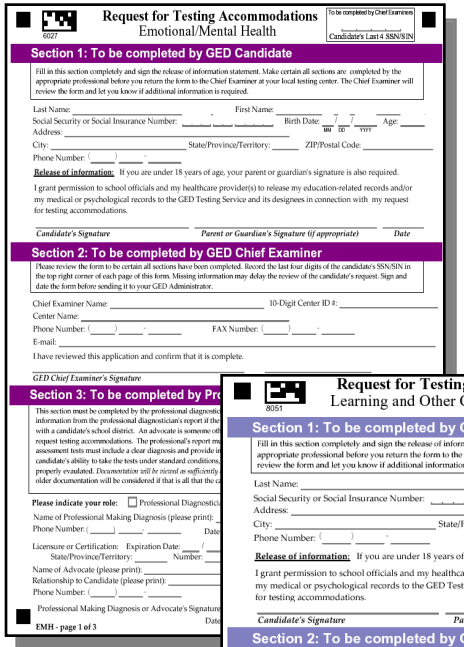
This section must be completed by the professional diagnostician. Alternatively, an advocate may complete this section using information from the professional diagnostician's report if the professional is unavailable or documentation is currently on file with a candidate's school district. An advocate is someone other than the professional diagnostician who helps the candidate request testing accommodations. The professional's report must indicate certification or licensure. Documentation and assessment tests must include a clear diagnosis and provide information on current functional limitations that might affect the candidate's ability to take the tests under standard conditions, so that the rationale for the requested accommodation can be properly evaluated. *Documentation will be viewed as sufficiently current if it has been completed within the last 3 years.* However, older documentation will be considered if that is all that the candidate can provide without undue burden or expense.

Please indicate your role: Professional Diagnostician Advocate

Name of Professional Making Diagnosis (please print):
Phone Number: ( ) - Date of Assessment: / / /
Licensure or Certification: Expiration Date: / / /
State/Province/Territory: Number: Specialty:
Name of Advocate (please print):
Relationship to Candidate (please print):
Phone Number: ( ) -

Professional Making Diagnosis or Advocate's Signature:

ADD/ADHD - page 1 of 4 Date: / / /



Request for Testing Accommodations
Emotional/Mental Health

6027

To be completed by Chief Examiners
Candidate's Last 4 SSN/SIN

Section 1: To be completed by GED Candidate

Fill in this section completely and sign the release of information statement. Make certain all sections are completed by the appropriate professional before you return the form to the Chief Examiner at your local testing center. The Chief Examiner will review the form and let you know if additional information is required.

Last Name: First Name:
Social Security or Social Insurance Number: Birth Date: / / Age:
Address:
City: State/Province/Territory: ZIP/Postal Code:
Phone Number: ( ) -

Release of information: If you are under 18 years of age, your parent or guardian's signature is also required.

I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to the GED Testing Service and its designees in connection with my request for testing accommodations.

Candidate's Signature *Parent or Guardian's Signature (if appropriate)* *Date*

Section 2: To be completed by GED Chief Examiner

Please review the form to be certain all sections have been completed. Record the last four digits of the candidate's SSN/SIN in the top right corner of each page of this form. Missing information may delay the review of the candidate's request. Sign and date the form before sending it to your GED Administrator.

Chief Examiner Name: 10-Digit Center ID #:
Center Name:
Phone Number: ( ) - FAX Number: ( ) -
E-mail:

I have reviewed this application and confirm that it is complete.

GED Chief Examiner's Signature

Section 3: To be completed by Pr

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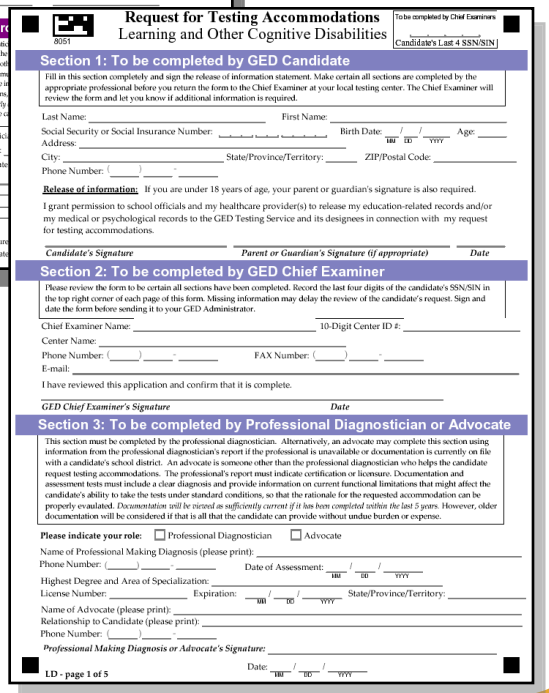
properly evaluated. *Documentation will be viewed as sufficientl*
older documentation will be considered if that is all that the c

Please indicate your role: Professional Diagnosti

Name of Professional Making Diagnosis (please print):
Phone Number: ( ) - Date
Licensure or Certification: Expiration Date: /
State/Province/Territory: Number:
Name of Advocate (please print):
Relationship to Candidate (please print):
Phone Number: ( ) -

Professional Making Diagnosis or Advocate's Signature

EMH - page 1 of 3



Request for Testing Accommodations
Learning and Other Cognitive Disabilities

8051

To be completed by Chief Examiners
Candidate's Last 4 SSN/SIN

Section 1: To be completed by GED Candidate

Fill in this section completely and sign the release of information statement. Make certain all sections are completed by the appropriate professional before you return the form to the Chief Examiner at your local testing center. The Chief Examiner will review the form and let you know if additional information is required.

Last Name: First Name:
Social Security or Social Insurance Number: Birth Date: / / Age:
Address:
City: State/Province/Territory: ZIP/Postal Code:
Phone Number: ( ) -

Release of information: If you are under 18 years of age, your parent or guardian's signature is also required.

I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to the GED Testing Service and its designees in connection with my request for testing accommodations.

Candidate's Signature *Parent or Guardian's Signature (if appropriate)* *Date*

Section 2: To be completed by GED Chief Examiner

Please review the form to be certain all sections have been completed. Record the last four digits of the candidate's SSN/SIN in the top right corner of each page of this form. Missing information may delay the review of the candidate's request. Sign and date the form before sending it to your GED Administrator.

Chief Examiner Name: 10-Digit Center ID #:
Center Name:
Phone Number: ( ) - FAX Number: ( ) -
E-mail:

I have reviewed this application and confirm that it is complete.

GED Chief Examiner's Signature *Date*

Section 3: To be completed by Professional Diagnostician or Advocate

This section must be completed by the professional diagnostician. Alternatively, an advocate may complete this section using information from the professional diagnostician's report if the professional is unavailable or documentation is currently on file with a candidate's school district. An advocate is someone other than the professional diagnostician who helps the candidate request testing accommodations. The professional's report must indicate certification or licensure. Documentation and assessment tests must include a clear diagnosis and provide information on current functional limitations that might affect the candidate's ability to take the tests under standard conditions, so that the rationale for the requested accommodation can be properly evaualated. *Documentation will be viewed as sufficiently current if it has been completed within the last 5 years.* However, older documentation will be considered if that is all that the candidate can provide without undue burden or expense.

Please indicate your role: Professional Diagnostician Advocate

Name of Professional Making Diagnosis (please print):
Phone Number: ( ) - Date of Assessment: / / /
Highest Degree and Area of Specialization:
License Number: Expiration: / / State/Province/Territory:
Name of Advocate (please print):
Relationship to Candidate (please print):
Phone Number: ( ) -

Professional Making Diagnosis or Advocate's Signature:

LD - page 1 of 5 Date: / / /

All Forms

Section 1—Test-Taker

Section 2—Examiner

Section 3—Diagnostician

Section 4—State Administrator

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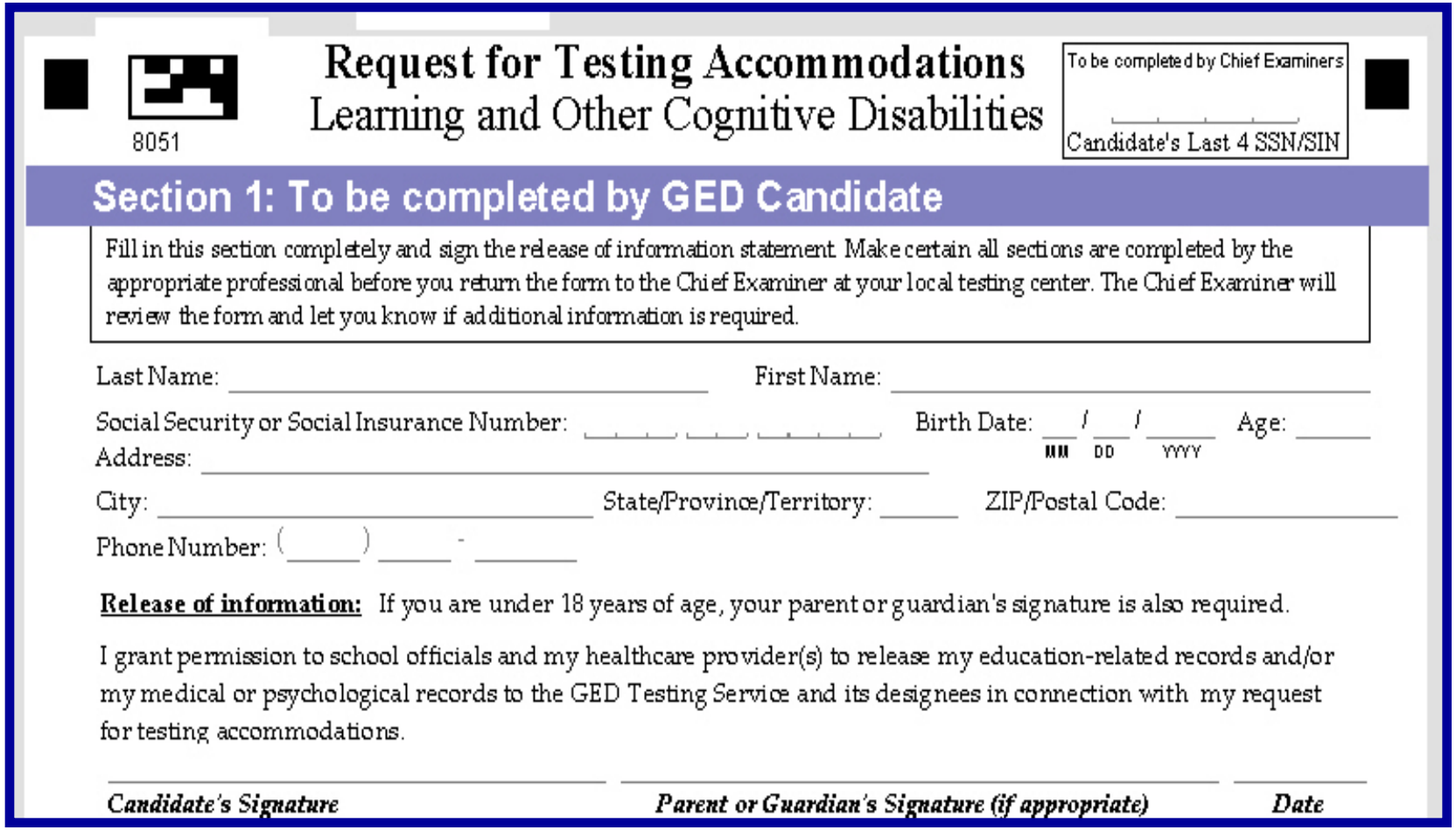
Section 1



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Request for Testing Accommodations
Learning and Other Cognitive Disabilities

To be completed by Chief Examiners

Candidate's Last 4 SSN/SIN

Section 1: To be completed by GED Candidate

Fill in this section completely and sign the release of information statement. Make certain all sections are completed by the appropriate professional before you return the form to the Chief Examiner at your local testing center. The Chief Examiner will review the form and let you know if additional information is required.

Last Name: _____ First Name: _____

Social Security or Social Insurance Number: ___ ___ ____ Birth Date: ___ / ___ / _____ Age: _____

(MM / DD / YYYY)

Address: _____

City: _____ State/Province/Territory: _____ ZIP/Postal Code: _____

Phone Number: (_____) _____ - _____

Release of information: If you are under 18 years of age, your parent or guardian's signature is also required.

I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to the GED Testing Service and its designees in connection with my request for testing accommodations.

_____ _____ _____

Candidate's Signature *Parent or Guardian's Signature (if appropriate)* *Date*

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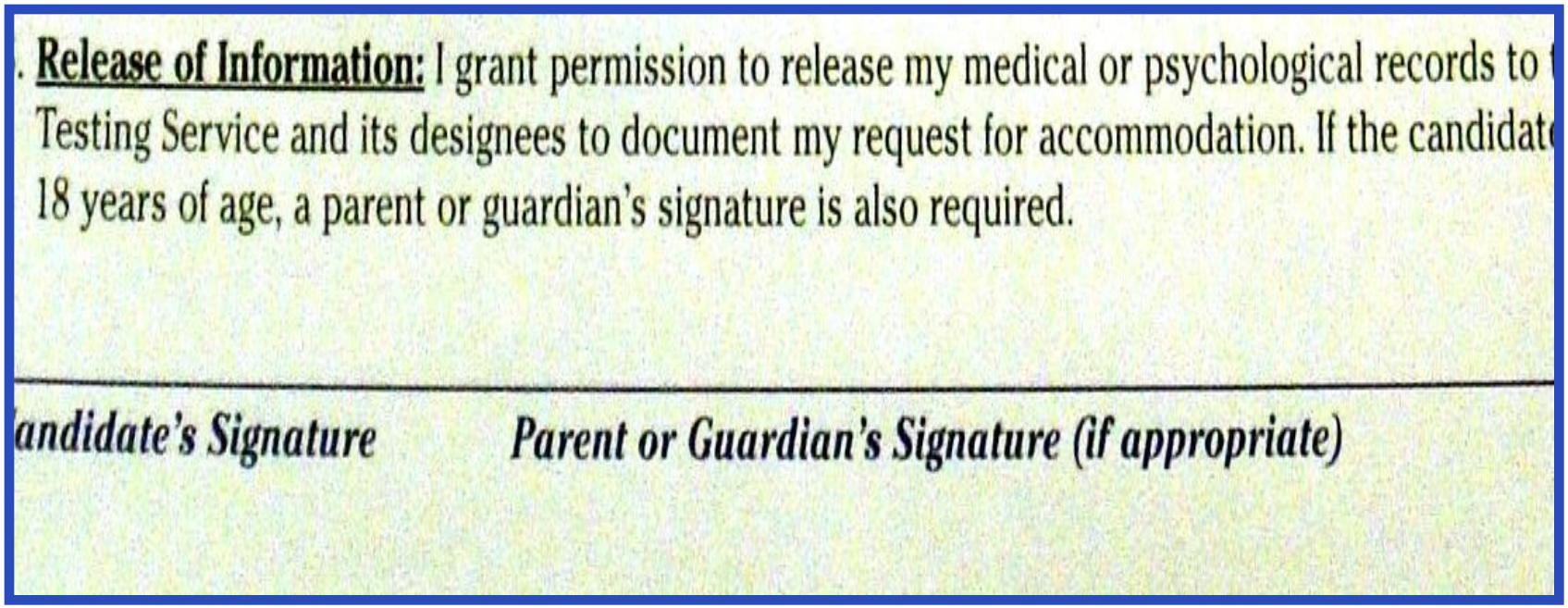
Every request for testing accommodations



. **Release of Information:** I grant permission to release my medical or psychological records to t
Testing Service and its designees to document my request for accommodation. If the candidat
18 years of age, a parent or guardian's signature is also required.

andidate's Signature *Parent or Guardian's Signature (if appropriate)*

Section 2

Section 2: To be completed by GED Chief Examiner

Please review the form to be certain all sections have been completed. Record the last four digits of the candidate's SSN/SIN in the top right corner of each page of this form. Missing information may delay the review of the candidate's request. Sign and date the form before sending it to your GED Administrator.

Chief Examiner Name: _____ 10-Digit Center ID #: _____

Center Name: _____

Phone Number: (____) ____ - _____ FAX Number: (____) ____ - _____

E-mail: _____

I have reviewed this application and confirm that it is complete.

_____

GED Chief Examiner's Signature *Date*

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Professional Diagnostician or Advocate

Section 3: To be completed by Professional Diagnostician or Advocate

This section must be completed by the professional diagnostician. Alternatively, an advocate may complete this section using information from the professional diagnostician's report if the professional is unavailable or documentation is currently on file with a candidate's school district. An advocate is someone other than the professional diagnostician who helps the candidate request testing accommodations. The professional's report must indicate certification or licensure. Documentation and assessment tests must include a clear diagnosis and provide information on current functional limitations that might affect the candidate's ability to take the tests under standard conditions, so that the rationale for the requested accommodation can be properly evaluated. *Documentation will be viewed as sufficiently current if it has been completed within the last 5 years.* However, older documentation will be considered if that is all that the candidate can provide without undue burden or expense.

Please indicate your role: ☐ Professional Diagnostician ☐ Advocate

Name of Professional Making Diagnosis (please print): _____

Phone Number: (_____) _____ - _____ Date of Assessment: ____ / ____ / _____ (MM / DD / YYYY)

Highest Degree and Area of Specialization: _____

License Number: _____ Expiration: ____ / ____ / _____ (MM / DD / YYYY) State/Province/Territory: _____

Name of Advocate (please print): _____

Relationship to Candidate (please print): _____

Phone Number: (_____) _____ - _____

Professional Making Diagnosis or Advocate's Signature: _____

Date: ____ / ____ / _____ (MM / DD / YYYY)

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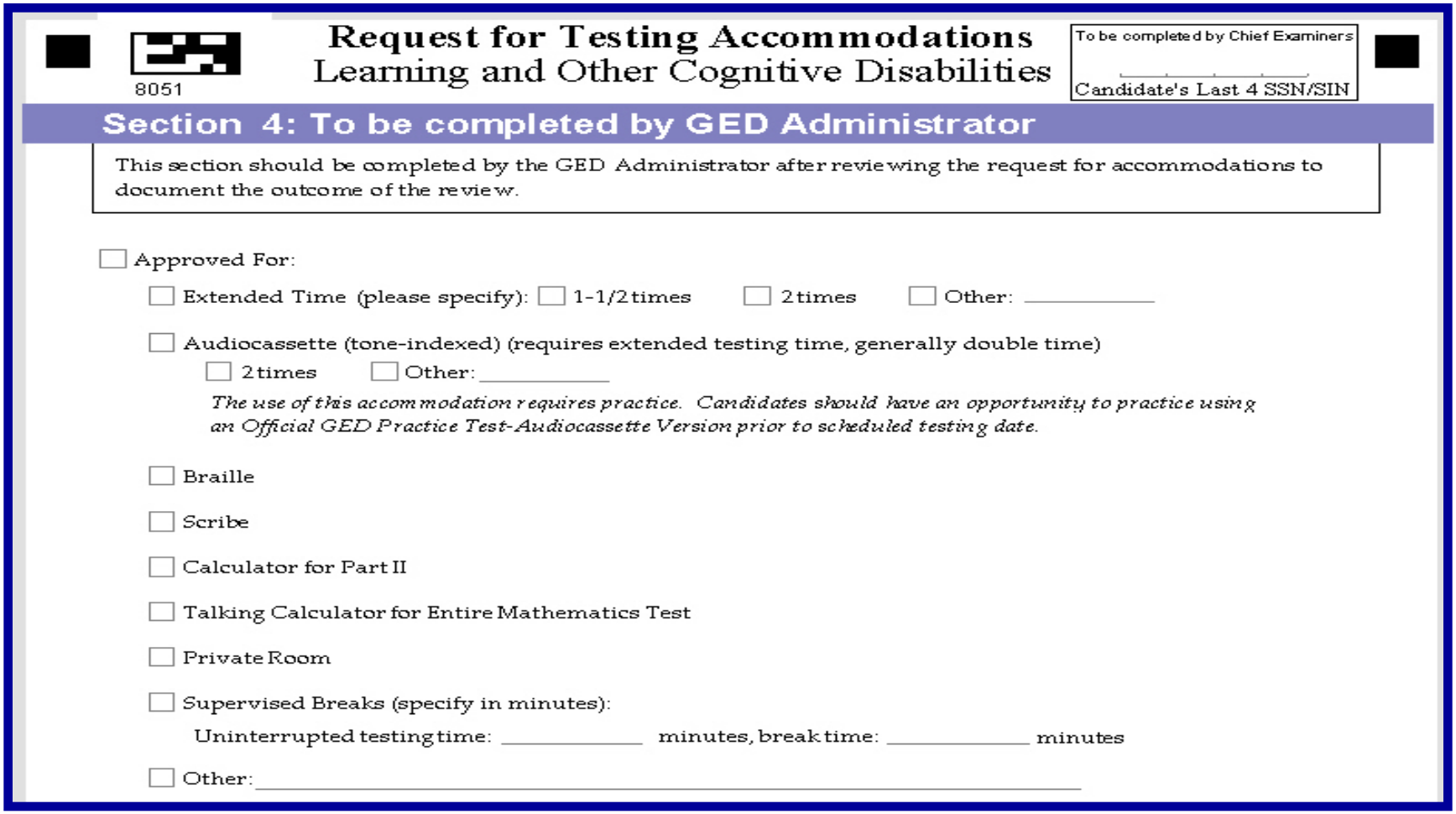
Section 4



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Request for Testing Accommodations
Learning and Other Cognitive Disabilities

To be completed by Chief Examiners
Candidate's Last 4 SSN/SIN

Section 4: To be completed by GED Administrator

This section should be completed by the GED Administrator after reviewing the request for accommodations to document the outcome of the review.

☐ Approved For:

- ☐ Extended Time (please specify): ☐ 1-1/2 times ☐ 2 times ☐ Other: _____
- ☐ Audiocassette (tone-indexed) (requires extended testing time, generally double time)
  - ☐ 2 times ☐ Other: _____

  The use of this accommodation requires practice. Candidates should have an opportunity to practice using an Official GED Practice Test-Audiocassette Version prior to scheduled testing date.
- ☐ Braille
- ☐ Scribe
- ☐ Calculator for Part II
- ☐ Talking Calculator for Entire Mathematics Test
- ☐ Private Room
- ☐ Supervised Breaks (specify in minutes):
  Uninterrupted testing time: _____ minutes, break time: _____ minutes
- ☐ Other: _____

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Section 4

☐ Returned for more information. Date Returned: ____ / ____ / _____
MM DD YYYY

Reasons for returning request:

_____

_____

_____

☐ Request forwarded to GEDTS for review (explain reasons below.) Date Forwarded: ____ / ____ / _____
MM DD YYYY

Reasons for forwarding request to GEDTS for review:

_____

_____

_____

_____ _____ _____

GED Administrator's Signature *Telephone Number* *Date*

LD - page 5 of 5

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Section 3 – Documentation of Disability

- **Physical Chronic Health Disability**
  - Section 3 requires the diagnostician's name, licensure number, and licensure expiration date.
  - Section 3A requires a letter on official letterhead stating the diagnosis and the functional limitations.
- **Emotional/Mental Health Disability**
  - **Same as above**
- **Attention-Deficit /Hyperactivity**
  - **Same as above**
- **Learning/Cognitive Disability**
  - This requires IQ and achievement test scores
  - The requested accommodation must fit the disability.

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Check for Completeness

- Test-taker's signature
- Diagnostician's licensure information
- Required documentation
  - For physical, mental, ADHD
    - Letter on letterhead
  - For learning disability
    - IQ and achievement test scores
- Official Practice Test scores

Providing the Accommodations

- **Responsibility of test-taker to notify examiner at registration that accommodations have been granted.**
- **Most accommodations cannot be provided in a standard session.**
  - Extended time
    - Individual session for some content areas
  - Audiocassette
    - Not in standard session
  - Scribe
    - Will require individual session

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Reality Check

Perception

- Time consuming
- Costly
- Difficult

Practice

- Most schedule a content area at a time over weeks or even months.
- Fee increases were made to help with costs of accommodated testing
- Most examiners find experience rewarding

Disabilities and the Law

- **Rehab Act Section 504, 1973**

  prohibits discrimination if the program or agency receives federal funds

- **ADA, 1990**

  prohibits discrimination in employment, or public services on the basis of a disability

- **IDEA, 1997**

  guarantees special education services for children with disabilities

Case Study

- Quadriplegic in a nursing home granted the following testing accommodations:
  - Permission to test in nursing home
  - Extended time (2x)
  - Audiocassette
  - Supervised breaks (50 min testing/10 min break)
  - Private Room
  - Overhead calculator
  - Bookstand
  - Examiner to turn pages of test booklet

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Case Study Continued

- Met with nursing home staff in advance
- CNA in room to assist
- Tested in patient room
- Administered one content area per day
- Tested over a two week period
- Lessons learned
  - Test-taker well prepared—passed!
  - Did not use all approved accommodations

Questions and Answers